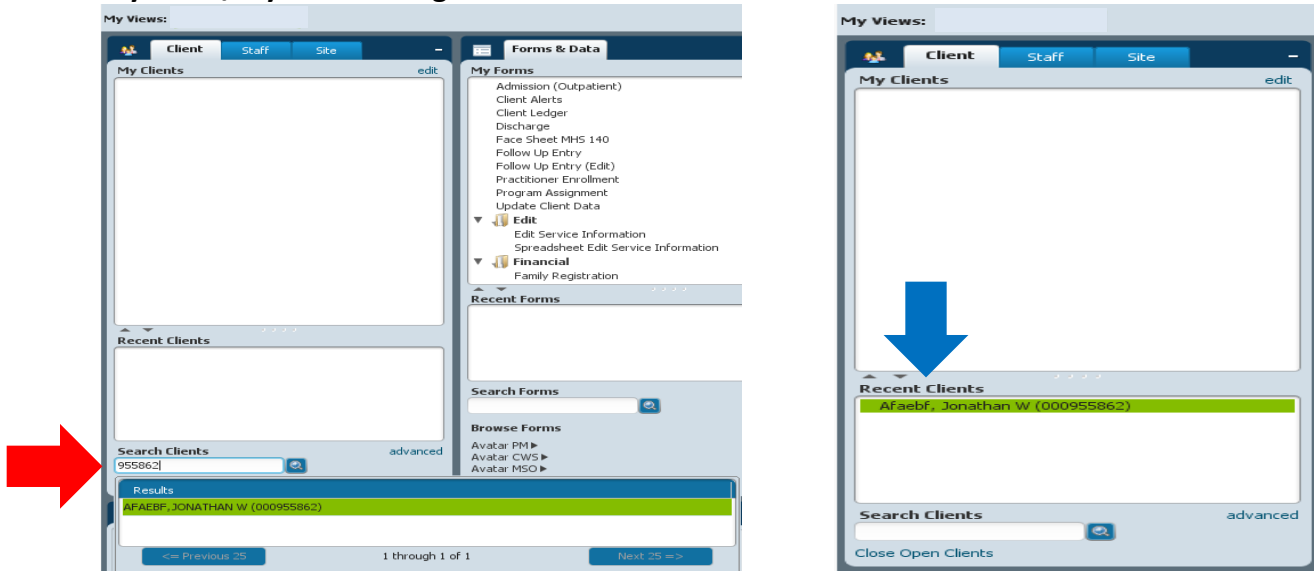


Avatar Guide: Financial Eligibility

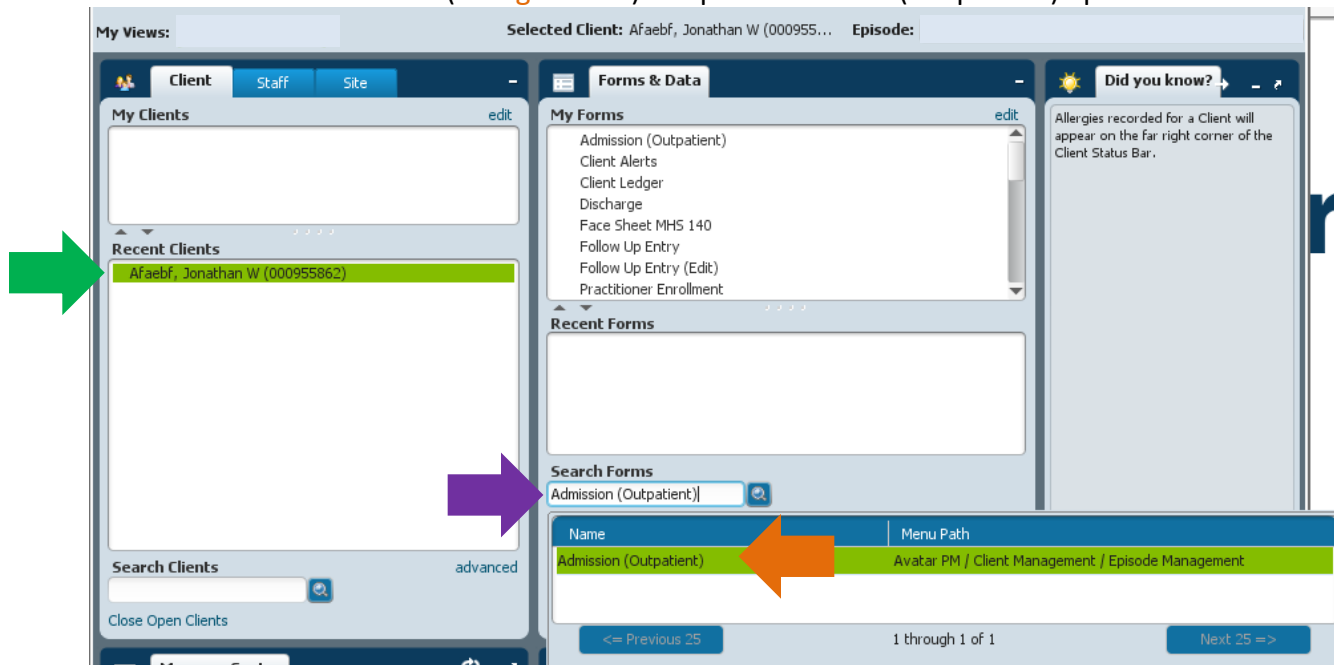
Purpose: Create Financial Episode for New Client

1st Step – Select Client: Search client using client ID or name in the “Search Clients” field of “My Clients” widget (**red** arrow). Select client from “Results” list by double clicking which moves client name into “Recent Clients” section (**blue** arrow).

MyViews/My Clients widget:

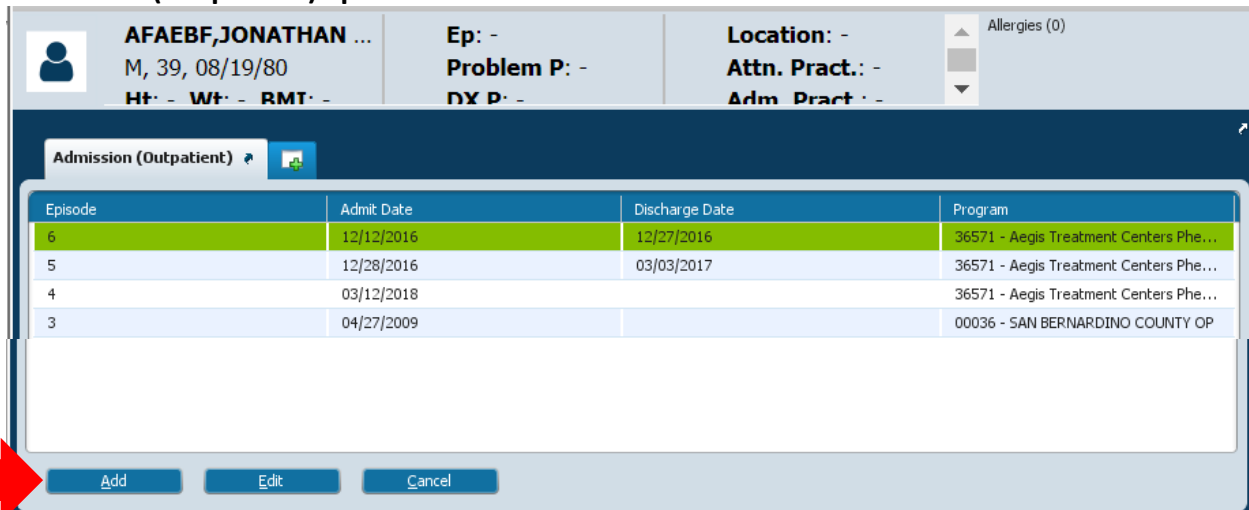


2nd Step – Admission for Financial Eligibility: Ensure client name is highlighted in “Recent Clients” list. If not, click on it once to select, name will be highlighted in green (**green** arrow). In “Search Forms” field of “My Forms” widget (**purple** arrow), enter “Admission (Outpatient)”. Double click on form name (**orange** arrow) to open Admission (Outpatient) Episodes list.



Avatar Guide: Financial Eligibility

Admission (Outpatient) Episodes List:

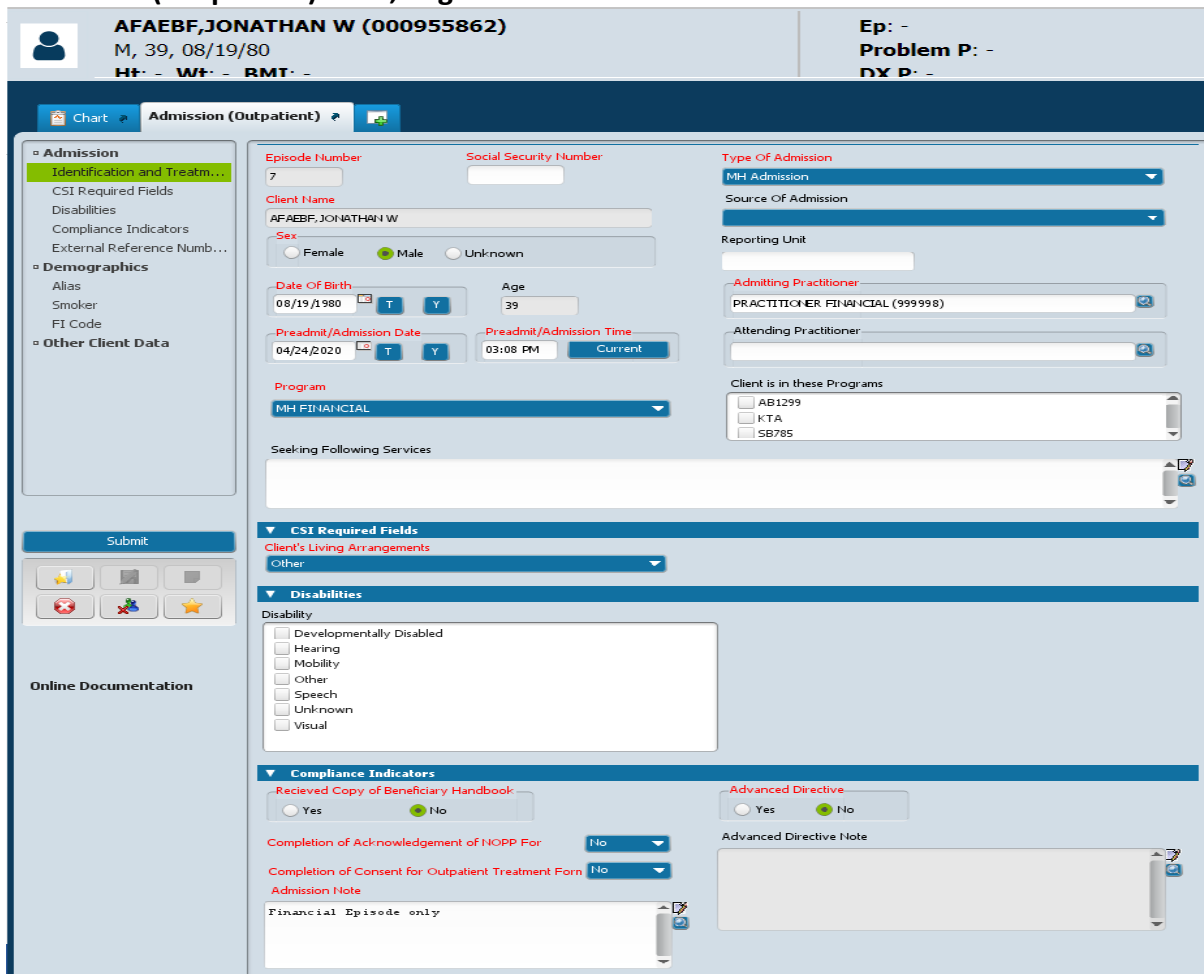


Episode	Admit Date	Discharge Date	Program
6	12/12/2016	12/27/2016	36571 - Aegis Treatment Centers Phe...
5	12/28/2016	03/03/2017	36571 - Aegis Treatment Centers Phe...
4	03/12/2018		36571 - Aegis Treatment Centers Phe...
3	04/27/2009		00036 - SAN BERNARDINO COUNTY OP

Buttons: Add, Edit, Cancel

Click “Add” button (red arrow) to open Admission (Outpatient) form so you can create the Financial Eligibility overarching admission episode.

Admission (Outpatient) form, Page 1:



Admission (Outpatient) form, Page 1:

Left Sidebar:

- Admission
 - Identification and Treatment...
 - CSI Required Fields
 - Disabilities
 - Compliance Indicators
 - External Reference Num...
- Demographics
 - Alias
 - Smoker
 - FI Code
- Other Client Data

Main Form Fields:

- Episode Number:** 7
- Social Security Number:** [Empty]
- Client Name:** AFAEBF, JONATHAN W
- Sex:** ☐ Female ☒ Male ☐ Unknown
- Date Of Birth:** 08/19/1980 **Age:** 39
- Preadmit/Admission Date:** 04/24/2020 **Preadmit/Admission Time:** 03:08 PM **Current:** [Button]
- Program:** MH FINANCIAL
- Type Of Admission:** MH Admission
- Source Of Admission:** [Empty]
- Reporting Unit:** [Empty]
- Admitting Practitioner:** PRACTITIONER FINANCIAL (999998)
- Attending Practitioner:** [Empty]
- Client is in these Programs:** ☐ AB1299 ☐ KTA ☐ SB785
- Seeking Following Services:** [Empty]
- CSI Required Fields:**
 - Client's Living Arrangements:** Other
- Disabilities:**
 - ☐ Developmentally Disabled
 - ☐ Hearing
 - ☐ Mobility
 - ☐ Other
 - ☐ Speech
 - ☐ Unknown
 - ☐ Visual
- Compliance Indicators:**
 - Received Copy of Beneficiary Handbook:** ☐ Yes ☒ No
 - Completion of Acknowledgement of HOPP For:** No
 - Completion of Consent for Outpatient Treatment Form:** No
 - Admission Note:** Financial Episode only
 - Advanced Directive:** ☐ Yes ☒ No
 - Advanced Directive Note:** [Empty]

See next page for instructions

Avatar Guide: Financial Eligibility

Forms opens on first page “Admission”. All fields with **red** font are required fields. Some fields for client information will pre-populate with information pulled forward from client demographics (if completed). The system will assign the “Episode Number”. Any client demographic fields that aren’t pre-populated will need to be completed. Complete remaining fields as instructed below:

- **Preadmit / Admission date:** Select “T” button to use today’s date or enter date if you need to backdate to match first date of service
- **Preadmit/Admission Time:** Select “Current” button to use current time
- **Program:** Select “MH or SUD FINANCIAL” from drop down menu; whichever is appropriate for your program
- **Type of Admission:** Select “MH Admission” from drop down menu
- **Admitting Practitioner:** Enter 999998 and select “Financial, Practitioner (999998)” from drop down menu
- **Received Copy of Beneficiary Handbook:** Select “No” radio button
- **Completion of Acknowledgement of NOPP:** Select “No” radio button
- **Completion of Consent for Outpatient Treatment:** Select “No” radio button
- **Admission Note:** Enter “Financial Admission”
- **Advanced Directive:** Select “No” radio button

Move to the second page of the “Admission (Outpatient)” form called “Demographics” by clicking on the link in the form menu on the left side (**red arrow**).

AFAEBF, JONATHAN W (000955862)
M, 39, 08/19/80
Ht: - Wt: - RMT: -

Ep: -
Problem P: -
DX P: -

Chart Admission (Outpatient)

Admission

- Identification and Treatm...
- CSI Required Fields
- Disabilities
- Compliance Indicators
- External Reference Numb...

Demographics

- Alias
- Smoker
- FI Code


Other Client Data

Submit

Episode Number: 7 Social Security Number: Client Name: AFAEBF, JONATHAN W Sex: ☐ Female ☒ Male ☐ Unknown Date of Birth: 08/19/1980 T Y Age: 39 Preadmit/Admission Date: 04/24/2020 T Y Preadmit/Admission Time: 03:08 PM Current Program: MH FINANCIAL Type of Admission: MH Admission Source Of Admission: Reporting Unit: Admitting Practitioner: PRACTITIONER FINANCIAL (999998) Attending Practitioner: Client is in these Programs: ☐ AB1299 ☐ KTA ☐ SB785 Seeking Following Services: CSI Required Fields: Client's Living Arrangements: Other Disabilities: Disability: ☐ Developmentally Disabled

Avatar Guide: Financial Eligibility

Admission (Outpatient) form, Page 2:

**AFAEBF, JONATHAN W (000955862)**
M, 39, 08/19/80
HT: - WT: - BMT: -

Ep: -
Problem P: -
DX P: -

Chart

Admission (Outpatient)

Admission

Identification and Treatm...

CSI Required Fields

Disabilities

Compliance Indicators

External Reference Numb...

Demographics







Alias

Smoker

FI Code

Other Client Data

Submit



Online Documentation

Client Last Name

AFAEBF

Client First Name

JONATHAN W

Client's Middle Initial

Client Maiden Name

Mother's Maiden Name

Marital Status

Single / Never Married

Primary Language

English

Client Race

White

Ethnic Origin

Unknown

Religion

Place of Birth

36CAUS

Country Of Origin

United States

Education

12 Years

Employment Status

Unknown

Occupation

Veteran

Declined

Other Race(s)

☐ Alaskan Native

☐ Amerasian

☐ American Indian

☐ Asian Indian

☐ Asian Native

☐ Black/African-American

☐ Cambodian

Client Declined To Provide Information On The Following

☐ Ethnic Origin

☐ Race

☐ Language

Client's Address - Street

956846 ANY STREET

Client's Address - Street 2

Client's Address - Zipcode

92345

Client's Address - City

HESPERIA

Client's Address - State

CALIFORNIA

Client's Address - County

Client's Home Phone

(760)999-9999

Client's Work Phone

Client's Cell Phone

Client's Email Address

Communication Preference

☐ Email

☐ Home Phone

☐ Cell Phone

☐ Regular Mail

☐ Work Phone

Are you heterosexual, lesbian, gay, bisexual, transgender or do you ques your sexual orientation?

☐ Heterosexual / Straight

☐ Lesbian (female)

☐ Gay (male)

☐ Bisexual

☐ Unsure / Questioning

☐ Declined To State

☐ Transgender

Alias

Alias 1

Alias 2

Alias 3

Alias 4

Alias 5

Alias 6

Alias 7

Alias 8

Alias 9

Smoker

Form should be prepopulated with client demographics information entered from program admission. Verify all field with **red** font have been completed/populated. Complete incomplete fields. Click "Submit" button (**red** arrow) on left side in form menu to save and submit financial admission information.

System will return you to HomeView screen.

Page 4 of 14

Avatar Guide: Financial Eligibility

3rd Step – Inputting Medi-Cal Guarantor for Financial Eligibility episode:

Ensure client name is highlighted in “Recent Clients” list. If not, click on it once to select, name will be highlighted in green (red arrow). In “Search Forms” field of “My Forms” widget (blue arrow), enter “Financial Eligibility”. Double click on form name (green arrow) to open Financial Episodes list.

The screenshot shows the Avatar system interface. On the left, the 'My Clients' section displays a 'Recent Clients' list with one entry: 'Afaebf, Jonathan W (000955862)'. A red arrow points to this entry. On the right, the 'Forms & Data' section contains a 'Search Forms' widget. The search input field contains 'financial eligibility'. Below the input, a table lists search results. A green arrow points to the 'Financial Eligibility' form name in the table. The table has two columns: 'Name' and 'Menu Path'. The 'Financial Eligibility' form has the menu path 'Avatar PM / Client Management / Account Management'. Other forms listed are 'Fast Financial Eligibility' and 'Financial Eligibility Verification'. At the bottom of the search results, there are navigation buttons: '<= Previous 25', '1 through 3 of 3', and 'Next 25 >='.

Financial Eligibility Episodes List:

The screenshot shows the 'Financial Eligibility Episodes List' for client AFAEBF, JONATHAN W (000955862). The client's information is displayed at the top: Name: JONATHAN W AFAEBF, ID: 955862, Sex: Male, Date of Birth: 08/19/1980. Below this, a table lists the financial eligibility episodes. A purple arrow points to the first episode, 'MH FINANCIAL', which is highlighted in green. The table has four columns: Episode, Program, Start, and End. The episodes listed are:

Episode	Program	Start	End
7	36H42N - RBEST	04/24/2020	
6	36571 - Aegis Treatment Centers Phelan	12/12/2016	12/27/2016
5	36571 - Aegis Treatment Centers Phelan	12/28/2016	03/03/2017
4	36571 - Aegis Treatment Centers Phelan	03/13/2018	
3	00036 - SAN BERNARDINO COUNTY OP	04/27/2009	
2	SUD FINANCIAL	12/12/2016	
1	MH FINANCIAL	04/27/2009	

Click on the financial episode you are going to enter financial information for. If your program is Mental Health, select “MH Financial”. If your program is SUD, select “SUD Financial”. In this example we are using the MH Financial Episode; highlighted in green (purple arrow). Double click to open the Financial Eligibility form. Financial Eligibility Form will open on Page 1. Move to page 2 “Guarantor Selection” by clicking on the link in the menu to the left.

The screenshot shows the 'Financial Eligibility' form. On the left, there is a menu with several options: 'Financial Eligibility', 'Guarantor', 'Guarantor Selection', 'Guarantor Information', 'Subscriber Information', 'Employer Information', 'Benefits and Eligibility', and 'Customize Plan'. An orange arrow points to the 'Guarantor Selection' link. The main content area shows the 'Financial Eligibility' form with fields for 'Episode Number' (1), 'Admission Date' (04/27/2009), and 'Program' (MH FINANCIAL). There are also buttons for 'T' and 'Y' next to the admission date, and a dropdown menu for 'Program'. At the bottom, there is a section for 'Default Information From Different Episode' with 'Yes' and 'No' options.

Avatar Guide: Financial Eligibility

Financial Eligibility form, Page 2 – Guarantor Selection:

Ep: 1 : MH FINANCIAL
Problem P: -
NY P: -

Chart Financial Eligibility

Financial Eligibility
Financial Eligibility
Guarantor
Guarantor Selection
Guarantor Information
Subscriber Information
Employer Information
Benefits and Eligibility
Customize Plan

Guarantor Information

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guar

Add New Item
Edit Selected Item
Delete Selected Item

Guarantor #
Inhibit Billing By Mail
Yes No
Effective Date Of Contract

To add the Medi-Cal guarantor, click “Add New Item” button (red arrow) which will insert a blank line into the Guarantor Information table. The blank line will be highlighted in green (blue arrow).

Note: If you accidentally insert an extra line, make sure that extra line is highlighted in green and click “Delete Selected Item”. A pop-up window will ask “Are you sure?” click “Yes” button to proceed with deletion. **A blank line will create an error when the form is submitted so any excess blank lines need to be deleted.**

In the “Guarantor #: field, enter “Medi-Cal”. You will select the correct Medi-Cal type (MH or SUD) for your program (green arrow). Double click to select and populate the field with the Medi-Cal guarantor.

Chart Financial Eligibility

Financial Eligibility
Financial Eligibility
Guarantor
Guarantor Selection
Guarantor Information
Subscriber Information
Employer Information
Benefits and Eligibility
Customize Plan

Guarantor Information

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guar

Add New Item
Edit Selected Item
Delete Selected Item

Guarantor #
Medi-Cal
Inhibit Billing By Mail
Yes No
Effective Date Of Contract


Results
Medi-Cal MH (32765)
Medi-Cal SUD (32766)
MEDICAL MUTUAL OF OHIO (1970)

<= Previous 25 1 through 3 of 3 Next 25 =>

Some fields on page with pre-populate with default information. All fields with red font are required.

- **Guarantor Plan:** Will pre-populate
- **Customize Guarantor Plan:** Click “No” button
- Billing Policy #: Enter Client’s CIN number
- Subscriber Client Index Number: Enter Client’s CIN number (**CIN will be in both Billing Policy and Subscriber Client Index Number fields and must match or it will impact billing**)
- **Eligibility Verified:** Select “No” button
- **Effective Date of Contract:** Will pre-Populate

Avatar Guide: Financial Eligibility

**AFAEBF, JONATHAN W (000955862)**
M, 39, 08/19/80
Ht: - Wt: - BMT: -

Ep: 1 : MH FINANCIAL
Problem P: -
DX P: -

ChartFinancial Eligibility

Financial Eligibility

Financial Eligibility

Guarantor

Guarantor Selection

Guarantor Information




Subscriber Information




Employer Information

Benefits and Eligibility

Customize Plan

Submit





Real Time Inquiry (270) Rec
Online Documentation

Guarantor Information

Guarantor Information

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guarantor
Medi-Cal MH ...	DMH	4	No	P.O.

Add New Item
Edit Selected Item
Delete Selected Item

Guarantor #
Medi-Cal MH (32765)

Guarantor Plan
(Non-Contract) MHS Medi-Cal

Customize Guarantor Plan
☐ Yes ☒ No

Billing Policy #
92958875D

Subscriber Client Index Number
92958875D

Eligibility Verified
☐ Yes ☒ No

EVC Tracking Number

Default Plan Start Date

Default Plan End Date

Inhibit Billing By Mail
☐ Yes ☐ No

Effective Date Of Contract
01/01/2017

Medi-Cal Eligibility
Effective Date Of Medi-Cal Eligibility

Eligibility Code

Aid Code

Subscriber's MEDS ID#

Create New Levels from Master Record of Benefit Plan
☐ Yes ☐ No

Default and Edit Plan Levels

Scroll down the page to next section "Subscriber Information"

- **Coverage Effective Date:** Enter date of first date of service. If no service can click "T" button to populate with today's date.
- Coverage Expiration Date: Leave blank

No entry needed for fields that pre-populate with client demographic information for:

- Subscriber's Birth Date
- Subscriber's Name
- Subscriber's Address
- Subscriber's Zip
- Subscriber's City
- Subscriber's State
- Subscriber's Phone Number
- Client's Relationship to Subscriber
- Subscriber's Sex
- Subscriber's Social Security #

Avatar Guide: Financial Eligibility

Ensure that the fields for “Subscriber Assignment of Benefits, Coordination of Benefits, and Subscriber Release of Info (red arrows) are all checked “Yes” otherwise it will impact billing.

Avatar Guide: Financial Eligibility

Client Information: AFAEBF, JONATHAN W (000955862)
M, 39, 08/19/80
Ht: - Wt: - BMT: -

Ep: 1 : MH FINANCIAL
Problem P: -
DX P: -

Financial Eligibility

Subscriber Information

Coverage Effective Date: 04/24/2020 [T] [Y]
Coverage Expiration Date: [T] [Y]

Subscriber's Birth Date: 08/19/1980 [T] [Y]

Subscriber's Name: AFAEBF, JONATHAN W

Subscriber's Address - Street Line 1: 956046 ANY STREET

Subscriber's Address - Street Line 2: [Empty]

Subscriber's Address - Zip: 92345
Subscriber's Address - City: HESPERIA

Subscriber's Address - County: [Empty]
Subscriber's Address - State: CALIFORNIA

Subscriber's Phone Number: 760-999-9999

Subscriber's Group Name: [Empty]
Subscriber's Group #: [Empty]

Client's Relationship To Subscriber: Self

Subscriber's Sex: ☒ Female ☒ Male ☐ Unknown

Subscriber's Social Security #: [Empty]

Subscriber Assignment Of Benefits: ☒ Yes ☐ No

Coordination Of Benefits: ☒ Yes ☐ No

Subscriber Release Of Info: ☒ Yes ☐ No

Employer Information

Subscriber's Employer ID Number: [Empty]

Subscriber Treatment Auth.: ☐ Yes ☐ No

Employer's Address - Street: [Empty]

Employer's Address - Zip: [Empty]
Employer's Address - City: [Empty]

Employer's Address - County: [Empty]
Employer's Address - State: [Empty]

Subscriber's Work Phone: [Empty]

Date Of Accident: [Empty] [T] [Y]

Subscriber's Military Status: [Empty]
Subscriber's Branch/Service: [Empty]

Additional sections on page “Employer Information” and “Benefits and Eligibility” are not applicable. Do not enter any information in these sections.

Move to Page 1 of Financial Eligibility form by clicking the “Financial Eligibility” link in the form menu on the left (blue arrow). **DO NOT CLICK SUBMIT BUTTON AT THIS TIME**

Avatar Guide: Financial Eligibility

Client Information: AFAEBF, JONATHAN W (000955862)
M, 39, 08/19/80
Ht: - Wt: - BMT: -

Ep: 1 : MH FINANCIAL
Problem P: -
DX P: -

Financial Eligibility

Guarantor Information

Guarantor #	Guarantor Name	Guarantor Plan	Customize Guarantor Plan	Guar.
Medi-Cal MH (32765)	DMH	4	No	P.O.

Guarantor #: [Empty]

Inhibit Billing By Mail: ☒ Yes ☐ No

Avatar Guide: Financial Eligibility

No entries are needed in “Financial Eligibility” section of page 1.

The screenshot shows the 'Financial Eligibility' section of the Avatar system. The top header displays patient information: AFAEBF, JONATHAN W (000955862), M, 39, 08/19/80, HT - WT - RMT -. To the right, it shows 'Ep: 1 : MH FINANCIAL', 'Problem P: -', and 'DX P: -'. The main form area is titled 'Financial Eligibility' and contains several input fields: 'Episode Number' (1), 'Admission Date' (04/27/2009), 'Social Security Number' (empty), 'Program' (MH FINANCIAL), 'Billing Group Number' (empty), 'Default Information From Different Episode' (Yes/No radio buttons), 'Link To Financial Eligibility From Another Episode' (Yes/No radio buttons), 'Episode To Default From' (dropdown), 'Episode To Link To' (dropdown), and 'Coverage Comments' (text area). A left sidebar contains a 'Financial Eligibility' menu with options like 'Guarantor', 'Guarantor Selection', 'Guarantor Information', 'Subscriber Information', 'Employer Information', 'Benefits and Eligibility', and 'Customize Plan'. A 'Submit' button is located below the sidebar.

Guarantor Order needs to be established in “Guarantor” section which is a **red** field and is required. Click on the arrow for the drop down list (**red** arrow) and select the Medi-Cal Guarantor by clicking once.

This screenshot shows the 'Guarantor' section of the Avatar system. The top header is identical to the previous screenshot. The main form area is titled 'Guarantor' and contains a 'Clear Previous Guarantor Order' button. Below this is a list of guarantors, each with a dropdown menu. A red arrow points to the dropdown menu for 'Guarantor #1', which is currently set to 'Medi-Cal (MCA)'. The list of guarantors includes 'Guarantor #1' through 'Guarantor #20'. A left sidebar contains a 'Guarantor' menu with options like 'Guarantor Selection', 'Guarantor Information', 'Subscriber Information', 'Employer Information', 'Benefits and Eligibility', and 'Customize Plan'. A 'Submit' button is located below the sidebar. The bottom of the screen shows a status bar with 'AVPM (UAT)', '04/24/2020 04:34:09 PM', and '90%'.

Avatar Guide: Financial Eligibility

Click the “Submit” button in the form menu on the left (red arrow) to save and submit the Financial Eligibility form.

The screenshot shows the top of the Avatar system interface. At the top, the user's name is AFAEBF, JONATHAN W (000955862), with details M, 39, 08/19/80, and Ht - Wt - RMT -. Below this is a navigation bar with 'Chart', 'Financial Eligibility', and 'Update Client Data'. On the left is a menu with 'Financial Eligibility' (sub-menu: Financial Eligibility, Guarantor), 'Guarantor Selection' (sub-menu: Guarantor Information, Subscriber Information, Employer Information, Benefits and Eligibility), and 'Customize Plan'. A red arrow points to the 'Submit' button at the bottom of the menu. The main form area is titled 'Financial Eligibility' and contains fields for Episode Number (1), Admission Date (04/27/2009), Program (MH FINANCIAL), Default Information From Different Episode (Yes/No), Episode To Default From, and Coverage Comments.

4th Step – Checking Medi-Cal Eligibility:

Reopen Financial Eligibility form (follow 3rd Step again). Move to Page 2 “Guarantor Selection”. In form menu on the left, click on link “Real Time Inquiry (270) Request” (blue arrow). This will open the Real Time Inquiry (270) Request form.

The screenshot shows the 'Guarantor Selection' page of the Financial Eligibility form. The left menu has 'Guarantor Selection' highlighted. A blue arrow points to the 'Real Time Inquiry (270) Request' link at the bottom of the menu. The main form area is titled 'Guarantor Information' and contains a table with columns 'Guarantor #', 'Guarantor Name', and 'Guarantor Plan'. The table has one row: 'Medi-Cal MH ...', 'DMH', '4'. Below the table are fields for 'Guarantor #' (Medi-Cal MH (32765)), 'Guarantor Plan' ((Non-Contract) MHS Medi-Cal), 'Customize Guarantor Plan' (Yes/No), 'Billing Policy #' (92958875D), 'Subscriber Client Index Number' (92958875D), 'Eligibility Verified' (Yes/No), and 'EVC Tracking Number'.

Avatar Guide: Financial Eligibility

Real Time Inquiry (270) Request form:

Real Time Inquiry (270) Request

Client ID: AFAEBF, JONATHAN W (000955862)

Episode Number: Episode # 1 Admit : 04/27/2009 Discharge : None Program : MH FINANCIAL

Guarantor: (1) (32765) Medi-Cal MH

Request Type: ☒ Generic ☐ Specific

Service Code:

From Date: 04/24/2020

Through Date:

CPT-4 Code:

Modifier:

Diagnosis Code:

Billed Amount:

SOC Amount:

Select Rendered Service (SOC)

Process Request (indicated by a red arrow)

Post Inquiry

Red fields are required.

- **Client ID:** Enter
- **Episode Number:** Select financial episode “MH” or “SUD”
- **Guarantor:** Select Medi-Cal
- **Request Type:** Click on “Generic”
- **From Date:** Click “T” button to populate with today’s date

Click on “Process Request” button (red arrow). Pop-up message will advise “Compile Complete” Click “OK” button. Eligibility Response (271) Response Data report will automatically open and provide information on coverage for information retrieved. Report first page has hyperlink with “Response Data” (blue arrow) to click on so you can see the detail of the response.

Eligibility Response (271)

Run Date: 1/29/2020 03:17 PM

San Bernardino County
San Diego, CA 92122

File Name: Real-Time 270/271 Processing File Status: Compiled File Version: 271v5010
Data Entry By: Stacey Belcher Data Entry Date: 1/29/2020 Data Entry Time: 03:17 PM

Response Data (indicated by a blue arrow)

Rejection Data

Errors Associated With Known Clients And Episodes

Errors Associated With Unknown Clients And Episodes

Errors / Warnings Associated With File Load

Avatar Guide: Financial Eligibility

Example of Invalid/Missing Subscriber/Insured ID Response:

Eligibility_Response_271_Errors.rpt

Run Date: 1/29/2020 03:17 PM

San Bernardino County

San Diego, CA 92122

Eligibility Response (271)
Response Data

File Name: Real-Time 270/271 Processing File Status: Compiled File Version: 271v5010
Data Entry Date: 1/29/2020 Data Entry Time: 03:17 PM

Data Entry By: Stacey Belcher

- Episode #1

Guarantor: Medi-Cal MH (32765)

1. Inquiry Type : Generic: Financial Eligibility
Eligibility Or Benefit Information : (V) Cannot Process
Valid Request Indicator : No
Reject Reason Code : (72) Invalid Missing Subscriber/Insured ID
Follow-up Action Code : (C) Please Correct and Resubmit

2. Inquiry Type : Generic: Financial Eligibility
Eligibility Or Benefit Information : (V) Cannot Process
Valid Request Indicator : No
Reject Reason Code : (72) Invalid Missing Subscriber/Insured ID
Follow-up Action Code : (C) Please Correct and Resubmit

Example of Confirmation of Medicaid – Active Coverage:

San Bernardino County

San Diego, CA 92122

Eligibility Response (271)
Response Data

File Name: Real-Time 270/271 Processing File Status: Compiled File Version: 271v5010
Data Entry Date: 2/12/2020 Data Entry Time: 11:31 AM

Data Entry By: Stacey Belcher

- Episode #1

Guarantor: Medi-Cal MH (32765)

1. Inquiry Type : Generic: Financial Eligibility
Eligibility Or Benefit Information : (1) Active Coverage
Service Type Code : (30) Health Benefit Plan Coverage
Insurance Type Code : (MC) Medicaid

Avatar Guide: Financial Eligibility

Example of Confirmation of Medicaid – Inactive Coverage:

The screenshot shows a report viewer window titled "Eligibility_Response_271_Errors.rpt". The report content is as follows:

Run Date: 1/29/2020 03:44 PM
San Bernardino County
San Diego, CA 92122
Eligibility Response (271)
Response Data

File Name:	Real-Time 270/271 Processing	File Status:	Completed	File Version:	271v5010
		Data Entry Date:	1/29/2020	Data Entry Time:	03:39 PM

Data Entry By: Stacey Belcher

ARGOTTE, MARIO (2169474) - Episode #1
Guarantor: Medi-Cal MH (32765)

1. Inquiry Type	: Generic Financial Eligibility
Eligibility Or Benefit Information	: (R) Inactive
Service Type Code	: (P0) Health Benefit Plan Coverage
Insurance Type Code	: (0MC) Medicaid

Close out report by clicking "X" button (red arrow) in upper right corner of report viewer.

This image is a close-up of the top right corner of the report viewer window. A red arrow points to the "X" button in the window's title bar, which is used to close the report.

System will return you to the "Real Time Inquiry (270) Request" form. **All Fields will now be empty – this is normal.** Click the "Post Inquiry" button to post the eligibility information to the Financial Eligibility form. *This button was previous grayed out but will now be enabled.* Pop-up message will advise "Post Complete". Click "OK" button.

System will return you to the Financial Eligibility form.

Depending on results of inquiry, you will see entries in the EVC Tracking Number, Eligibility Code, and Aid Code fields. If there isn't current Medi-Cal eligibility, there will not be an entry in the EVC Tracking Number field.

See next page for example



Click the “Submit” button (**red** arrow) in the form menu on the left to save this information to the Financial Eligibility form.